

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33048**

FILED NOV 14 1950

BIRTH NO. 71396-50 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 108

272

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Booper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Booneville-MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Nelson 0970</u>	
c. LENGTH OF STAY (in this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Blackwater Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Nancy</u>		b. (Middle) <u>Louise</u>	
c. (Last) <u>Holland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 5-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>October 28-1950</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>12</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Nelson-Missouri R.2</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Kenneth Holland</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Mae Molloy</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Holland-Nelson, Mo. R.2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc.* It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHO PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURITY</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 29, 1950</u> , to <u>Nov. 5, 1950</u> that I last saw the deceased alive on <u>Nov. 5, 1950</u> , and that death occurred at <u>10:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ray B. Lewis M.D.</u>		23b. ADDRESS <u>329 MAIN ST. BOONEVILLE, MO.</u>	23c. DATE SIGNED <u>11-8-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/6/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset M. Garden</u>	24d. LOCATION (City, town, or county) (State) <u>W. Graham, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-6-50</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Swenson</u>	ADDRESS <u>W. Graham, Missouri</u>

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.